

INLAND COUNTIES EMERGENCY MEDICAL AGENCY



515 N Arrowhead Avenue
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DATE: August 10, 2006

TO: ALS Provider Agencies
EMS Aircraft Provider Agencies
EMS Training Institutions
CE Providers

FROM: Virginia Hastings
ICEMA Executive Director

SUBJECT: EMT-P Accreditation Issues and Continuing Education Issues

We have had numerous questions regarding the submission of documentation for those individuals seeking continuous EMT-P accreditation within the ICEMA Region. This letter will answer your questions and concerns regarding these issues.

The protocols relating to EMT-P accreditation became effective on May 1, 2006. These protocols are:

- Protocol Reference #15301 Requirements for EMT-P Accreditation
- Protocol Reference #14010 Annual Review Class (ARC)

Effective immediately, any EMT-P seeking to maintain his/her accreditation in the ICEMA Region must include the following documentation with his/her Accreditation/Bi-Annual Review Form:

1. A copy of the front and back of a current BLS/CPR and ALS card. Rosters are no longer an acceptable substitute for the CPR card.
2. Copies of ICEMA Rosters or CE certificates obtained from the following classes (please remember individuals may not sign as instructors for their own CEs):
 - a. Two ICEMA approved skills days.
 - b. Six hours of field care audits obtained in the ICEMA Region.
 - c. Two ICEMA Annual Review Classes (This requirement will come into effect Jan 1, 2007, until that time EMT-Ps must submit copies of two different Protocol Update Curriculum Classes (PUC) or a combination of PUC 7 & ARC 1)

Enclosed is a copy of the new EMT-P Accreditation/Bi-Annual Review Form. This form may also be obtained on our website at www.icema.net.

If you have any further questions regarding EMT-P Accreditation or, Continuing Education providers/courses please contact Sarah Momsen RN at (909) 388-5831.

VH/sm



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Serving San Bernardino, Inyo, and Mono Counties

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SAN BERNARDINO, CA 92415-0060
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EMT-PARAMEDIC ACCREDITATION/BI-ANNUAL RENEWAL

- ☐ **Initial Accreditation (\$75.00)**
☐ **Bi-Annual Renewal (No Fee)**

Fees are Nonrefundable - Cash or Money Order Only - NO PERSONAL CHECKS ACCEPTED

Legal Name: _____
Last First Middle Sex(M/F)

Address: _____
Number & Street City State Zip

Date of Birth: ____/____/____ Phone #: _____ Drivers License # _____

SSN #: _____ Employer: _____

- ☐ Yes ☐ No As a prehospital provider has your certification or license ever been suspended, revoked, or placed on probation? **If yes**, attach an explanation including City, County, and State of action.

Verification of Employment/Sponsorship as a Paramedic in the ICEMA Region

*To be completed by an authorized ALS Provider Agency **or** by a provider Agency who has Formally Requested ALS Authorization in the ICEMA Region*

I verify that _____, EMT-P State License # _____ is currently/or will be employed at this agency as an EMT-Paramedic.

Agency Authorized Signature/Title Print Name Date

Waiver: Local Orientation Class and five (5) ALS contacts.

Eligible applicants: Individuals who attended a EMT-P program in the ICEMA Region AND completed their field internship within the last six (6) months in the ICEMA region **with** an ICEMA authorized preceptor.

ALS Provider Agency Name: _____ Preceptor Name: _____

Preceptor Signature: _____ ICEMA Accreditation #: _____

ICEMA USE ONLY: ☐ approved ☐ denied Name: _____

ICEMA USE ONLY:

State License # _____
BLS Exp. Date: _____
ACLS Exp. Date: _____

ICEMA Accred. #: _____
Effective: _____
Exp. Date: _____
Accounting #: _____

EMT-PARAMEDIC ACCREDITATION/BI-ANNUAL RENEWAL

Submit the following for Initial Certification:

- ☐ Copy of State License
- ☐ Copy of course completion certificate
- ☐ Cash or Money Order (No personal checks)
- ☐ Copy of current Drivers License (for ID purposes)
- ☐ Current photo taken within last 6 months (CDL size, no tinted glasses or hats)*
- ☐ Copy of front and back of current CPR card**
- ☐ Copy of front and back of current ACLS card

Submit the following for Recertification:

- ☐ Copy of State License
- ☐ Copy of current Drivers License (for ID purposes)
- ☐ Current photo taken within last 6 months (CDL size, no tinted glasses or hats)*
- ☐ Copy of front and back of current CPR card**
- ☐ Copy of front and back of current ACLS card
- ☐ Complete ICEMA Recertification Education Requirements (grid below)

* Photo taken at ICEMA for no additional charge

** CPR card must meet or exceed the current "Guidelines and Standards for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care"

Document Bi-annual Renewal Education Requirements Below AND Provide Copies of the Roster or CE Certificate from Each Class Attended

(FCA) FIELD CARE AUDITS ~ (SD) SKILLS DAY ~ (PUC) PROTOCOL UPDATE CLASS
(For specific requirements please refer to ICEMA Protocol Reference # 15301)

FCA	SD	PUC	CE Provider Number	CE Provider Name	Date	Hours

I hereby certify that the information listed is true and correct and that I am eligible for accreditation. I understand that any fraudulent entry on this form may be considered cause for denial or subsequent revocation of my ICEMA accreditation with immediate notification to the State EMS Authority. I hereby authorize verification of any and all information contained herein and authorize release of any and all information as deemed relevant to my accreditation process to my employer. I agree to hold ICEMA harmless from any act or action resulting from the release of the information as stated above.

Signature / Date